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Guest Editor
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Behavioral Health NEWS BRIEF

Informing policy and practice in mental health and substance abuse services through data

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PURPOSE OF THIS SPECIAL ISSUE

Welcome to this special issue of the DSHS Behavioral Health News Brief, devoted to introducing the mental health system transformation in Texas that is recently underway. In this issue, an overview of the major aspects of the Texas transformation initiative is presented. This News Brief also presents information about mental health transformation initiatives occurring in other states.

DSHS is pleased to provide this special issue as a means of informing policy and practice in behavioral healthcare. A special "thank you" is extended to Vijay Ganju, Ph.D., Texas Mental Health Transformation State Incentive Grant Project Director, and Guest Editor and author of this special issue.

TRANSFORMING MENTAL HEALTH CARE IN TEXAS

Transformation is not just a buzz word — Texas has been nudged even more firmly into transforming its mental health system by a five-year federal grant to the Governor's Office in Texas from the Substance Abuse and Mental Health Services Administration (SAMHSA). Through this Mental Health Transformation State Infrastructure Grant, Texas will build a solid foundation to deliver evidence-based services, foster recovery, improve quality of life, and meet the multiple needs of mental health clients across the life span.

There was fierce competition for these grants among the states and Texas deserves kudos for its success. A tipping factor was that Texas had already started down the road to transformation through a variety of projects, and was able to leverage and build on this momentum. Connecticut, Maryland, New Mexico, Ohio, Oklahoma, and Washington also received grants. Texas, along with these other states, will provide leadership and insight in transforming mental health care across the country.

The purpose of these grants is to support the development of state infrastructure for implementing the recommendations of the President's *New Freedom Commission on Mental Health* (2003).¹ As their final report, *Achieving the Promise*, stated, "...for too many Americans, the services they need remain fragmented, disconnected, and often inadequate, frustrating the opportunity for recovery....Instead of ready access to care, the system presents barriers that all too often add to the burden of mental illnesses for individuals, their families and our communities. The time has long passed for yet another piecemeal approach to mental health reform."

The Commission instead recommended fundamental transformation and determined that the goals of a transformed mental health system should include:

- An understanding that mental health is a critical component of overall health;
- Mental health care is client and family driven;
- Disparities, both ethnic/ cultural and geographic, are eliminated;
- Early intervention and services for children and adolescents receive adequate emphasis;
- Quality of care is consistent with existing science; and
- New technologies are used to improve both access and better care.



ABOUT THE GUEST EDITOR

Vijay Ganju, PhD

Dr. Ganju is Project Director of the Texas Mental Health Transformation State Incentive Grant. He worked for the former Texas Department of Mental Health and Mental Retardation for 25 years, and in Washington D.C. in various capacities related to improvement of mental health care for the past six years. Dr. Ganju is transitioning from his position as the Director of the SAMHSA-funded Center on Mental Health Quality and

Accountability at the NASMHPD Research Institute, where he has been responsible for promoting quality and accountability in state mental health systems.

Dr. Ganju has also served as the Co-Project Director of the SAMHSA-funded State Data Infrastructure Coordinating Center, and as the Project Director for an initiative to develop evidence-based implementation resources for older adults with mental illness and for children/adolescents with disruptive behavior disorders. He also developed the World Health Organization's training modules on mental health financing and quality management, and has provided technical assistance to other countries in these areas. Dr. Ganju currently serves on several advisory committees related to mental health systems, chairs a workgroup responsible for developing the next generation of mental health performance measures, and has helped coordinate national efforts to develop measures of recovery and cultural competence.

He is excellently poised to lead Texas through the mental health system transformation. Indeed, Texas is pleased to have Dr. Ganju's expertise and over 30 years of experience in the behavioral health field.

As indicated in Texas' transformation grant application (<http://www.dshs.state.tx.us/mhtransformation/projectnarrative.pdf>), Texas is making advances on several of these goals through initiatives within DSHS and through interagency collaborations. The grant will help expand and sustain these efforts, as well as undertake new initiatives to transform the system.

Mental health transformation is a priority for Texas. Governor Rick Perry has expressed commitment to transformation by convening state agency leadership and holding each accountable for performance. During the last Legislative Session, the Texas House of Representatives adopted Concurrent Resolution 193, supporting mental health transformation.

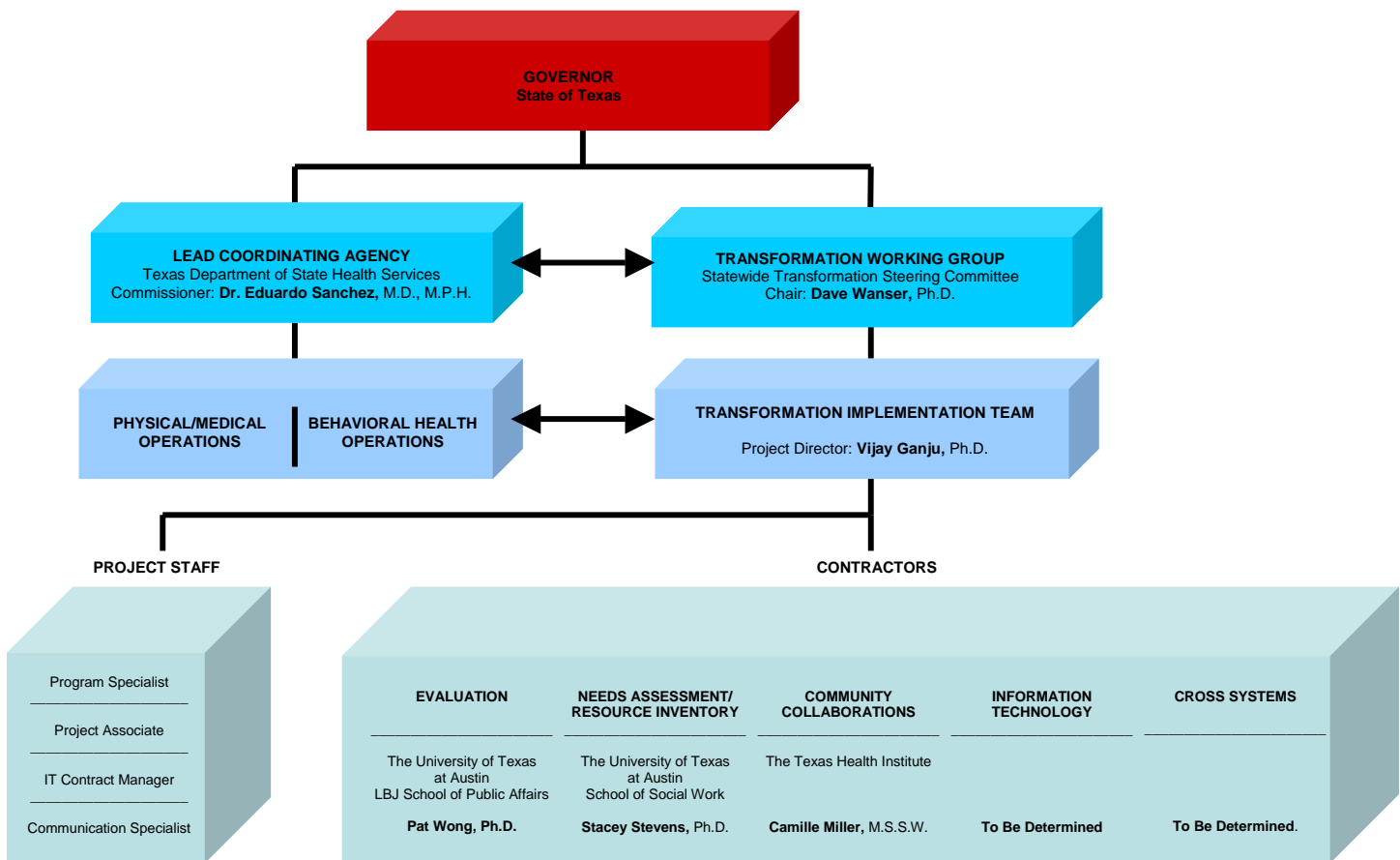
The Governor has appointed representatives of 14 state agencies, client and family member representatives, and legislators to a *Transformation Work Group* (TWG) to direct and implement this effort. As such, TWG members serve as the *de facto* Board for the transformation initiative. TWG members have signed a Memorandum of Agreement committing to mental health transformation. All partners have agreed to designate staff as needed for this effort. *Table 1* displays the TWG members.

DSHS serves as the lead coordinating agency: Commissioner Eduardo Sanchez, M.D., M.P.H., has a leadership role as the commissioner of the state mental health authority, and Deputy Commissioner Dave Wanser, Ph.D., as the ranking executive assigned to behavioral health services, serves as the chair of the TWG. The organizational structure of the Texas Mental Health Transformation initiative is shown in *Figure 1* on the next page.

Table 1. Texas Transformation Work Group (TWG) Members.

Office of the Governor, State of Texas (OOG)
 Texas Health and Human Services Commission (THHSC)
 Texas Department of State Health Services (TDSHS)
 Texas Department of Aging and Disability Services (TDADS)
 Texas Department of Assistive and Rehabilitative Services (TDARS)
 Texas Department of Family and Protective Services (TDFPS)
 Texas Juvenile Probation Commission (TJPC)
 Texas Department of Criminal Justice (TDCJ)
 Texas Department of Housing and Community Affairs (TDHCA)
 Texas Workforce Commission (TWC)
 Texas Education Agency (TEA)
 Central Texas Veterans Health Care System (CTVHCS)
 Texas Youth Commission (TYC)
 Texas Mental Health Consumers (TMHC)
 National Alliance on Mental Illness in Texas (NAMI Texas)
 Office of Rural Community Affairs (ORCA)
 Texas Veterans Commission (TVC)
 State Government (Legislator)
 Individual Family Representation

Figure 1. Texas Mental Health Transformation Organizational Structure.



What will be different about the Texas mental health system as a result of transformation? First, the mental health system will adopt a public health approach that targets *all* Texans. In the current system, the mental health “system” has too often been thought of as the system funded through the state mental health authority. Now, there is recognition that many other state and local entities provide mental health services, and that there needs to be much better coordination. Also, people currently have to suffer a relatively large loss in their capacity to cope with their problems before they are eligible for care. In the transformed mental health system, there will be emphasis on prevention and early intervention, in terms of both the course of a specific episode of illness, as well as lifespan.

In the current Texas system, access to mental health care is limited and difficult. For many people, services are only available through emergency rooms and jails, and often, services across systems are poorly coordinated. As one family member put it, she sought services from three separate agencies for her child, received the same services from each agency without any coordination among them, and found the services to be inappropriate and unresponsive to what her family wanted. The goal in Texas is to address such inadequacies by improving access, care, coordination, and most importantly, to be responsive to the needs and priorities of clients and family members.

The broad approach for transforming the Texas mental health system is to build on its strengths using a “top-down, bottom up” model with change occurring at both state and local levels. At the state level, there are several initiatives underway to coordinate behavioral health care with health initiatives and with other initiatives, such as those related to care for returning veterans from Iraq and Afghanistan. At the local level, the mental health transformation grant will support the creation of community collaborations — coalitions and partnerships across both private and public sectors — to support the integration of behavioral health care. Through these initial efforts, Texas will learn lessons that will help to inform the dissemination of these models and protocols to other agencies and communities.

Proposed grant activities to support transformation are based on four broad strategies recommended in the Institute of Medicine's (2005) *Crossing the Quality Chasm* report that has recently been adapted for behavioral health.² These are:

- 1) Applying evidence to healthcare delivery;
- 2) Using information technology;
- 3) Aligning payment policies with quality improvement; and
- 4) Developing the workforce.

Information technology is a linchpin of the proposed transformation. In the transformed mental health system in Texas, information technology will be used to identify shared clients, track outcomes, and facilitate collaborative planning across service systems. A federated data approach is proposed that will allow agencies to maintain the integrity of their respective data systems, while giving controlled access to a centralized server that each agency will help build and regulate. At the point of service delivery, information technology will improve connectivity across provider systems to eliminate duplication and reduce fragmentation. Applying the evidence base is already underway through DSHS' Resiliency and Disease Management initiative for community mental health, and will be shared and adapted through interagency efforts. Aligning quality initiatives will be based on the interagency "learning experiences" described above. Workforce development and training is a widely identified need and components will be based on collaborations, not only with TWG members, but also with institutions of higher learning, as indicated in *Figure 1*.

The first year of the Mental Health Transformation State Infrastructure Grant is dedicated to planning and preparation. The state is responsible for specific grant requirements and deliverables that include:

- 1) *Conducting a multi-agency needs assessment/resource inventory* — data collection is underway and includes interviews with TWG agencies; review of strategic plans and historical documents; gathering of statistical data; and developing a process to receive regular input from clients.
- 2) *Developing a comprehensive mental health plan to guide transformation activities over the five-year grant period* — the TWG will use the needs assessment and resource inventory to develop a prioritized plan to transform the system. The TWG will then assign relevant staff to participate and/or lead workgroups to implement activities and/or initiatives. The plan will be flexible in order to respond effectively to newly emerging needs or leverage newly identified resources.
- 3) *Formulating a plan for evaluating the effort on an ongoing basis* — an evaluation plan will be developed after the comprehensive mental health plan is complete. The plan will provide a baseline from which to evaluate success of the transformation activities. The state is contracting with external evaluators to ensure objectivity.

These grant activities have been initiated through contracts with the Texas Health Institute, The University of Texas at Austin LBJ School of Public Affairs, and The University of Texas at Austin School of Social Work.

How can you participate in this Texas mental health transformation initiative? We are currently in the process of developing methods for stakeholder participation and feedback. A dedicated website for mental health transformation has been created to keep the TWG and other stakeholders abreast of the status and progress of the initiative. The website also provides information on TWG meetings, state, and federal mental health transformation activities, transformation activities in other states, New Freedom Commission goals, and other relevant behavioral health information. We welcome your input and look forward to working with our stakeholders throughout implementation of the initiative. The dedicated mental health transformation website can be accessed at the following address: www.dshs.state.tx.us/mhtransformation/

Strategies are underway to broaden the client perspective, and develop mechanisms for obtaining client input. Please visit the website for information on the progress of mental health transformation in Texas and at the federal level. Also, details about the upcoming TWG meeting can be found on the next page.

¹ New Freedom Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: Substance Abuse and Mental Health Services.

² Institute of Medicine. (2005). *Crossing the quality chasm: Improving the quality of health care for mental and substance-use conditions*. Washington, DC: National Academy Press.

MENTAL HEALTH TRANSFORMATION INITIATIVES IN OTHER STATES

Six other states — Connecticut, Maryland, New Mexico, Ohio, Oklahoma, and Washington — also received SAMHSA/CMHS Mental Health Transformation State Infrastructure Grants. This article briefly reviews these transformation initiatives. As in Texas, some key aspects of these initiatives began several years prior to receiving these grants.¹

The mental health transformation initiative in Connecticut is a system-wide effort to implement a recovery-oriented system of care. This initiative has several inter-related steps that are expected to unfold over a multi-year period.

In Maryland, mental health transformation builds on the strengths and partnerships of its current efforts. The Governor's *First Executive Order* requires coordination and collaboration among state agencies in order to achieve maximum effectiveness and efficiency.

New Mexico's vision for mental health transformation is a single behavioral health service delivery system. The vision is to transform the current fragmented behavioral health system into a coherent whole, integrate behavioral health services and perspectives of 17 state agencies, bring together critical partners through local communities, and expand coverage to the most isolated corners of the state.

In Ohio, mental health transformation is built on its stable leadership over the last decade, strong client and family organizations, a long-term strategy of linking research and data on outcomes to program development and implementation, and its prior successes in interagency collaboration. Ohio's approach to mental health transformation relies on a collaborative model for change that assures alignment and commitment of stakeholders. A framework of shared leadership is embedded in the Ohio *Transformation Work Group* to develop a stable, cross-cutting infrastructure. *Content Work Groups* have also been established to expand upon existing collaborative initiatives.

Oklahoma is undertaking a variety of initiatives to transform its mental health system. It is leveraging and building on its transformation momentum through leadership provided by the Governor's *Mental Health Transformation Advisory Board* that serves as the Oklahoma *Transformation Work Group*. Oklahoma is continuing and building on existing cross-agency collaboration and transformation activities.

Washington State's transformation initiative is called *Partnerships for Recovery* and is modeled on the six goals of mental health transformation described in the President's New Freedom Commission final report. In its vision, the use of evidence-based practices for early detection and prevention is an explicit priority. Care services are coordinated, goals and methods are consistent, and intake and assessment are streamlined among multiple agencies.

¹ Information for this article was obtained from presentations made by representatives of these states at a national conference on mental health transformation organized by SAMHSA's Center for Mental Health Services in January, 2006.

UPCOMING TRANSFORMATION WORK GROUP (TWG) MEETING

May 19, 2006

1:30-4:30pm

Robert E. Moreton Building, M-739

1100 West 49th Street, Austin, Texas

For more information, go to the DSHS Mental Health Transformation Webpage:
http://www.dshs.state.tx.us/mhtransformation/TWGMay_06_MtgInviteLetter.pdf